	CUT WITHHOLDING TAX PAYMEN	
CONNECTICUT TAX REGISTRATION NUMBER	FEDERAL EMPLOYER ID NUMBER	YEAR
If Name, Address and/or Identification Number(s) a please complete Form CTC located in the back of		or 4)
	(March = 1; June = 2; Se	eptember = 3; December = 4
	2. CONNECTICUT TAX WITHHI	ELD <
	See instructions for filing requ	
C	Pay total amount shown on Li Make your check payable to:	ne 2. Commissioner of Revenue Servic
	 Write your Connecticut Tax Re 	egistration Number on your check
SUBMIT ORIGINAL COUPON ONLY.	 Use attached mailing label to s Do not file this Form CT-W 	send payment. /H if no payment is due.
THIS IS A MACHINE READABLE DOCUMENT	Department of Reven	ue Services
PERSONALIZED TO YOUR BUSINESS.	PO Box 5055 Hartford CT 06102-50	55
	Fidition Of 60162 60	
		IOL DINO
	ERLY RECONCILIATION OF WITHH	
ONNECTICUT TAX REGISTRATION NUMBER FEE	DERAL EMPLOYER ID NUMBER QUARTE	ER DUE DATE
	DEAD INCTRUCTIONS	DEFORE COMPLETING
If Name, Address and/or Identification Number(s) are incorrect please complete Form CTC located in the back of this booklet.		
nodes complete Form of a located in the Back of the Bo	1. GROSS WAGES AND NONPAYROLL A 2. GROSS CT WAGES AND NONPAYROLL	
	3. CONNECTICUT TAX WITHHELD	< 3.
	4. CREDIT FROM PRIOR PERIOD	< 4.
	5. PAYMENTS MADE THIS QUARTER	< 5.
	6. TOTAL DEPOSITS (Add Line 4 and Line	· ·
	7. NET TAX DUE (OR CREDIT) (Line 3 min	/
☐ Check if you no longer have employees in Connecticut and enter date of last payroll	8a. PENALTY: + 8b. INTEREST	,
SUBMIT ORIGINAL COUPON ONLY.	9. AMOUNT APPLIED TO NEXT QUARTE	-
	10. AMOUNT TO BE REFUNDED	<10.
THIS IS A MACHINE READABLE DOCUMENT		
PERSONALIZED TO YOUR BUSINESS.		
PERSONALIZED TO YOUR BUSINESS. Dept. of Revenue Services PO Box 2931 Hartford CT 06	3104-2931. 11. TOTAL AMOUNT DUE (Add Line 7 and L	Line 8) <11.
PERSONALIZED TO YOUR BUSINESS. Dept. of Revenue Services PO Box 2931 Hartford CT 06 declare under the penalty of false statement that I have expenses.		Line 8) <11. welief, it is true, complete, and correct.
PERSONALIZED TO YOUR BUSINESS. Dept. of Revenue Services PO Box 2931 Hartford CT 06 declare under the penalty of false statement that I have expenses.	3104-2931. 11. TOTAL AMOUNT DUE (Add Line 7 and Line 1) amined this return and, to the best of my knowledge and b	ine 8) <11. lelief, it is true, complete, and correct. or both.)
PERSONALIZED TO YOUR BUSINESS. Dept. of Revenue Services PO Box 2931 Hartford CT 06 declare under the penalty of false statement that I have expenses.	11. TOTAL AMOUNT DUE (Add Line 7 and Line 7	Line 8) <11. ellief, it is true, complete, and correct. or both.)

Schedule A Monthly Summary of Connecticut Tax Liability (a) First Month Liability (b) Second Month Liability (c) Third Month Liability Total Liability for Quarter Schedule B Employer's Record of Connecticut Tax Liability (Show tax liability here, not deposits.) (A) First Month of Quarter (B) Second Month of Quarter (C) Third Month of Quarter 2 3 4 5 6 7 3 4 5 6 7 8 9 10 11 12 3 4 5 6 20 21 21 22 23 24 21 22 23 24 25 23 24 25 8 9 9 10 26 27 11 27 27 30 14 Total for first month В С Total for second month Total for third month This should equal Line 3 on the front of this form. Total Liability for Quarter (add amounts from A, B, and C) CT-941 BACK

CT-W3					ATION OF WITHHO		
CONNECTICUT	TAX REGISTRATION N	IUMBER	FEDE	RAL EMPLOYE	R ID NUMBER	DUE DAT	Ē
· ·	ss and/or Identification Ne Form CTC located in the	٠,		1. CONNECT	ICUT TAX D FROM WAGES (see instruc	tions) <1.	
				2. TOTAL CO	NNECTICUT WAGES REPOR	TED <2.	
				3. NUMBER	OF W-2s SUBMITTED	< 3.	
		. 1	$\setminus \Gamma$	NOT	E: DO NOT MAKE PAYN	IENT WITH T	HIS FORM.
	GINAL COUPON ONL		IA	I declare unde	DEPARTMENT OF REVIPO BOX 2930 HARTFORD CT 06104 the penalty of false statem	l-2930	
	ZED TO YOUR BUSIN			and, to the beautiful (The penalty for fine not to exc	st of my knowledge and beli or false statement is impriso eed two thousand dollars, or	ef, it is true, conment not to e	omplete, and corre
				SIGNATURE TITLE		DATE	
						DITTE	
	omplete for Eacl	CONNECT			Include the "state copy" (copy 1 of the optional equivalent) reporting C the calendar year with	six-part feder onnecticut wa	al Form W-2 or
IANUARY 1 - MARCH 31	1ST QUARTER	IAX WITHHEI	LD FRC	JW WAGES	If you are required by the Form W-2 on magnetic forms on magnetic med	ne IRS to file media, you n lia with DRS.	nust file these However, if you
PRIL 1 - UNE 30	2ND QUARTER		1	P	file 24 or fewer W-2 for excused from the magr without obtaining a wa For new information reg	etic media fili iver.	ng requirements
IULY 1 - SEPTEMBER 30	3RD QUARTER		IA		reporting requirements, www.drs.state.ct.us	visit the DRS \	Neb site at
OCTOBER 1 - DECEMBER 31	4TH QUARTER) '			1-800-382-9463 (toll 860-297-5962 (from (TTY, TDD, and Text	anywhere)	,
TOTAL					transmit inquiries by This should equal Li	/ calling 860-2	297-4911). ´
	· · · · · · · · · · · · · · · · · · ·				osit schedule for <u>federa</u>	withholding	tax purposes.
∟ 」 Γ-W3 Back	Monthly	Semi-weekly		☐ Other	(pleas	e specify)	
					MITTAL OF INFORMAT		
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	ss and/or Identification Ne Form CTC located in the			1 1	ICUT INCOME TAX WITHHEL NPAYROLL AMOUNTS (see in	1	
				2. TOTAL NO REPORTE	NPAYROLL AMOUNT D WITH FORM CT-1096	< 2.	
				3. NUMBER	OF 1099s AND W-2Gs SUBMI	TTED <3.	
If Name, Addre please complete			1	NOT	: DO NOT MAKE PAYN	IENT WITH T	HIS FORM.
	GINAL COUPON ONL		N	*	DEPARTMENT OF REV PO BOX 5081 HARTFORD CT 06104	l-5081	
	CHINE READABLE D ZED TO YOUR BUSIN			and, to the be (The penalty fo	the penalty of false statement of my knowledge and beling false statement is imprison thousand dollars, or both	ief, it is true, o	complete, and corr
				SIGNATURE			
				TITLE		DATE	

Complete for Each Period If you are required to file a federal Form 1096, you must file a Form CT-1096 with every "state copy" of the following: • federal Form W-2G, for winnings paid to resident individuals, even if no Connecticut income tax was withheld; federal Form 1099-MISC, for payments to resident individuals or, CONNECTICUT INCOME TAX WITHHELD **PERIOD** if the payments relate to services performed wholly or partly in FROM NONPAYROLL AMOUNTS Connecticut, payments to nonresident individuals, even if no Connecticut income tax was withheld; JANUARY 1 -1ST federal Form 1099-R, only if Connecticut income tax was withheld; QUARTER MARCH 31 federal Form 1099-S, reporting real estate transactions in Connecticut. If you are required by the IRS to file copies of federal Forms 1099, APRIL 1 -W-2G, or both, on magnetic media, you must file these forms on 2ND w-29, of both, of magnetic fields, you find the tiese forms of magnetic media with DRS. However, if you file 24 or fewer Forms 1099, W-2G or both, with DRS, you may be excused from the magnetic media filing requirements for that particular type of informational return JUNE 30 QUARTER JULY 1 -3RD without obtaining a waiver. SEPTEMBER 30 QUARTER For new information regarding magnetic media reporting requirements, visit the DRS Web site at www.drs.state.ct.us or call DRS at: 1-800-382-9463 (toll free from within Connecticut) or OCTOBER 1 -4TH 860-297-5962 (from anywhere) DECEMBER 31 QUARTER TTY, TDD, and Text Telephone users only may transmit inquiries by calling 860-297-4911. TOTAL This should equal Line 1 on the front of this form. CT-1096 Back

WITHHOLDING CORRECTION / REORDER FORM

CTC

	Enter below any change to name or mailing address and continue to use this coupon book. If Federal Employer Identification Number or Connecticut Tax Registration Number is listed incorrectly, see back. Any change in ownership requires a new Connecticut Tax Registration Number and a new coupon book.									
◀	CONNECTICUT TAX REGISTRATION NUMBER F	FEDERAL	EMPLOYER ID NUMBER							
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REMOVE AND USE MAILING LABEL	CAN	4.	ADDRESS							
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	SEE BACK FOR REORDER INFORMATION									
ZEMC	DEPARTMENT OF REVENUE SERVICES									
■	PO BOX 2937 HARTFORD CT 06104-2937									
	Please use the attached mailing label. SIGNATURE SIGNATURE									
	Do not send this form with any other forms.	TITLE		DA	TE					
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